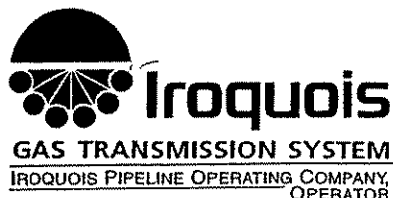


## **Attachment 14**



ONE CORPORATE DRIVE, SUITE 600  
SHELTON, CT 06484-6211

TEL: (203) 925-7200  
FAX: (203) 929-9501

March 17, 2003

Via Certified Mail

AEGIS  
10 Exchange Place  
Jersey City, NJ 07302

**RE: Protection and Indemnity  
Policy Number ARS-3175**

Your Insured: Horizon Offshore Contractors Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,


A handwritten signature in cursive script that reads "Michelle L. Wieler".

Michelle L. Wieler  
Risk Management

cc: Jeffrey Bruner - Iroquois Legal

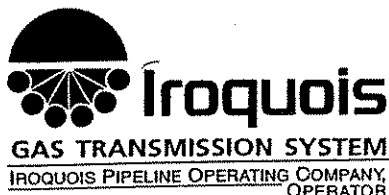


**IRO/AE 00584**

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: AEGIS 10 Exchange Place Jersey City, NJ 07302		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service) 7002 0460 0000 9136 0958			
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540			

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<b>OFFICIAL USE</b>	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here
Sent To AEGIS Street, Apt. No., or PO Box No. 10 Exchange Place City, State, ZIP+4 Jersey City NJ 07302	
PS Form 3800, January 2001 See Reverse for Instructions	

IRO/AE 00585



ONE CORPORATE DRIVE, SUITE 600  
SHELTON, CT 06484-6211

TEL: (203) 925-7200  
FAX: (203) 929-9501

March 17, 2003

Via Certified Mail

Allianz of America  
55 Greens Farm Road  
P.O. Box 5160  
Westport, CT 06881

**RE: All Risk Physical Damage to Property  
Policy Number CLP 1034909**

Your Insured: Thales GeoSolutions, Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,

A handwritten signature in cursive script that reads "Michelle L. Wieler".

Michelle L. Wieler  
Risk Management

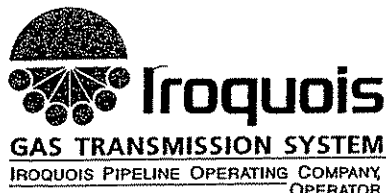
cc: Jeffrey Bruner - Iroquois Legal



IRO/AE 00586

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Allionz of America SS Green Fern Rd Westport, CT 06881</p>		<p>B. Received by (Printed Name) <u>Philip F. Benedict</u> C. Date of Delivery <u>3/20/01</u></p>	
<p>2. Article Number (Transfer from service label) <u>7002 0460 0000 9136 1016</u></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>PS Form 3811, August 2001</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To <u>Allionz of America</u></p> <p>Street, Apt. No., or PO Box No. <u>SS Green Fern Rd.</u></p> <p>City, State, ZIP+4 <u>Westport, CT 06881</u></p>	
<p>PS Form 3800, January 2001 See Reverse for Instructions</p>	



ONE CORPORATE DRIVE, SUITE 600  
SHELTON, CT 06484-6211

TEL: (203) 925-7200  
FAX: (203) 929-9501

March 18, 2003

Via Certified Mail

American Home Assurance Company  
c/o American International Marine Agency, Inc.  
675 Bering Drive, Suite 600  
Houston, TX 77057

**RE: Excess Liabilities  
Policy Number C-1727  
(ARS-3177)**

Your Insured: Horizon Offshore Contractors Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,

Michelle L. Wieler  
Risk Management

cc: Jeffrey Bruner - Iroquois Legal



IRO/AE 00588

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>3/4/03</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>American Home Assurance 675 Bering Drive Suite 600 Houston TX 77057</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service) 7002 0460 0000 9136 0934</p>			
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1540	

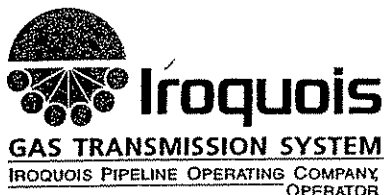
U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To  
American Home Assurance  
Street, Apt. No.,  
or PO Box No. 675 Bering Drive  
City, State, ZIP+4 Houston TX 77057

PS Form 3800, January 2001 See Reverse for Instructions



ONE CORPORATE DRIVE, SUITE 600  
SHELTON, CT 06484-6211

TEL: (203) 925-7200  
FAX: (203) 929-9501

March 18, 2003

Via Certified Mail

American Home Assurance Company  
c/o American International Marine Agency, Inc.  
675 Bering Drive, Suite 600  
Houston, TX 77057

RE: General Liabilities  
Policy Number C-1727  
(ARS3177)

Your Insured: Horizon Offshore Contractors Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,

Michelle L. Wieler  
Risk Management

cc: Jeffrey Bruner - Iroquois Legal

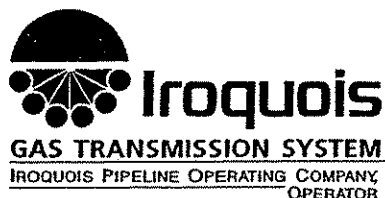


recycled paper

IRO/AE 00590



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>S. Barnett</i></p>	
<p>1. Article Addressed to:</p> <p>American Home Assurance Co. 675 Bearing Drive Suite 600 Houston, TX 77057</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7002 2410 0001 2474 3016</p>	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	



ONE CORPORATE DRIVE, SUITE 600  
SHELTON, CT 06484-6211

TEL: (203) 925-7200  
FAX: (203) 929-9501

March 20, 2003

Via Certified Mail

Atlantic Insurance Company  
4600 Fuller Drive  
Irving, TX 75038-6506

**RE: Excess Liability**  
**Policy Number: AT2827328**  
**Policy Period: 12/31/02-12/31/03**

Your Insured: Pegasus International Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,

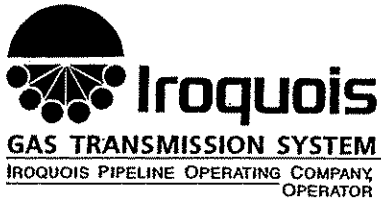
A handwritten signature in cursive script that reads "Michelle L. Wieler".

Michelle L. Wieler  
Risk Management

cc: Jeffrey Bruner - Iroquois Legal



IRO/AE 00592



ONE CORPORATE DRIVE, SUITE 600  
SHELTON, CT 06484-6211

TEL: (203) 925-7200  
FAX: (203) 929-9501

March 20, 2003

Via Certified Mail

Atlantic Insurance Company  
4600 Fuller Drive  
Irving, TX 75038-6506

**RE: General Liability**  
**Policy Number: AT0692996**  
**Policy Period: 12/31/01-12/31/03**

Your Insured: Pegasus International Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,

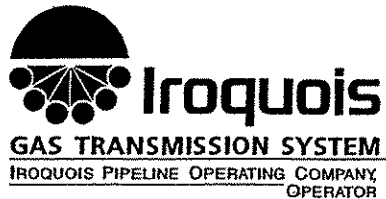
A handwritten signature in cursive script, reading "Michelle L. Wieler".

Michelle L. Wieler  
Risk Management

cc: Jeffrey Bruner - Iroquois Legal



IRO/AE 00593



ONE CORPORATE DRIVE, SUITE 600  
SHELTON, CT 06484-6211

TEL: (203) 925-7200  
FAX: (203) 929-9501

March 20, 2003

Via Certified Mail

Atlantic Insurance Company  
4600 Fuller Drive  
Irving, TX 75038-6506

**RE: Excess Liability**  
**Policy Number: AT2827328**  
**Policy Period: 12/31/02-12/31/03**

Your Insured: Pegasus International Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,

A handwritten signature in cursive script that reads "Michelle L. Wieler".

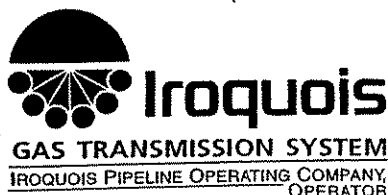
Michelle L. Wieler  
Risk Management

cc: Jeffrey Bruner - Iroquois Legal



IRO/AE 00594

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>XAL Johnson</i></p>	
<p>1. Article Addressed to:</p> <p><i>Atlantic Insurance</i>  <i>4600 Fuller Drive</i>  <i>Irving, TX</i>  <i>75038-6508</i></p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p> <p><i>3/25/03</i></p>
<p>2. Article Number</p> <p>(Transfer from service)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>7002 2410 0001 2474 2996</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, August 2001</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Domestic Return Receipt</p>		<p>102595-02-M-1540</p>	



ONE CORPORATE DRIVE, SUITE 600  
SHELTON, CT 06484-6211

TEL: (203) 925-7200  
FAX: (203) 929-9501

March 17, 2003

Via Certified Mail

Liberty Insurance Underwriters  
61 Broadway, 32<sup>nd</sup> Floor  
New York, NY 10006

**RE: Excess Liabilities  
Policy Number ARS-3215**

Your Insured: Horizon Offshore Contractors Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,

A handwritten signature in cursive script that reads "Michelle L. Wieler".

Michelle L. Wieler  
Risk Management

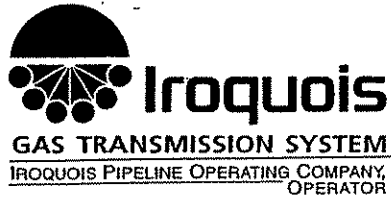
cc: Jeffrey Bruner - Iroquois Legal



**IRO/AE 00596**

SENDER: COMPLETE THIS SECTION		RECIPIENT: COMPLETE THIS SECTION	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Liberty Insurance Underwriters 61 Broadway 32 Floor New York, NY 10006</p>		<p>B. Received by (Printed Name) <i>Egman</i> C. Date of Delivery <i>3-2-0</i></p>	
<p>2. Article (Title)</p> <p>PS Form 3800, January 2001</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To <i>Liberty Insurance Underwriters</i></p> <p>Street, Apt. No., or PO Box No. <i>61 Broadway 32 Floor</i></p> <p>City, State, ZIP+4 <i>New York NY 10006</i></p>	
<p>PS Form 3800, January 2001 See Reverse for Instructions</p>	



ONE CORPORATE DRIVE, SUITE 600  
SHELTON, CT 06484-6211

TEL: (203) 925-7200  
FAX: (203) 929-9501

March 17, 2003

Via Certified Mail

National Union Fire Insurance Co. of  
Pittsburgh, Pennsylvania  
175 Water Street  
New York, NY 10038

**RE: Excess Liability  
Policy Number BE 139 7353**

Your Insured: Thales GeoSolutions, Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,

A handwritten signature in cursive script that reads "Michelle L. Wieler".

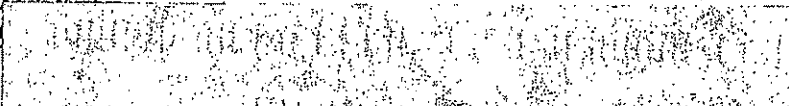
Michelle L. Wieler  
Risk Management

cc: Jeffrey Bruner - Iroquois Legal



IRO/AE 00598



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p>	
<p>1. Article Addressed to:</p> <p>National Union Fire 175 Water Street New York, NY  10038</p>		<p>B. Received by (Printed Name) <b>RECEIVED</b></p> <p>C. Date of Delivery MAR 20 2003</p>	
<p>2. </p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, give delivery address below: <input type="checkbox"/> No</p> <p><i>John Zupin</i></p>	
<p>PS</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

102595-02-M-1540

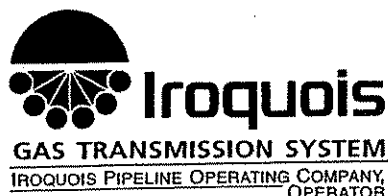
U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To  
National Union Fire  
Street, Apt. No.,  
or PO Box No. 175 Water Street  
City, State, ZIP+4 New York NY 10038

PS Form 3800, January 2001 See Reverse for Instructions



ONE CORPORATE DRIVE, SUITE 600  
SHELTON, CT 06484-6211

TEL: (203) 925-7200  
FAX: (203) 929-9501

March 17, 2003

Via Certified Mail

Navigators Insurance Co.  
One Penn Plaza, 55<sup>th</sup> Floor  
New York, NY 10119

2121 Sage Suite 145  
Houston, TX 77056

RE: **Excess Liability**  
**Policy Number ARS 3215**

Your Insured: Horizon Offshore Contractors, Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,

Michelle L. Wieler  
Risk Management

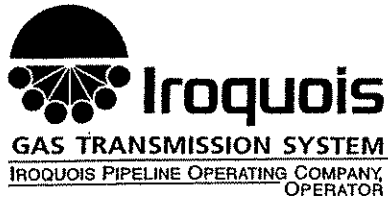
cc: Jeffrey Bruner - Iroquois Legal



IRO/AE 00600

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>Navigators Insurance</i>  <i>ONE Penn Plaza</i>  <i>55TH Floor</i>  <i>New York, NY</i>  <i>10119</i></p>		<p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>3-20-03</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article (Title)</p> <p>PS Form 3800, January 2001</p>		<p>102595-02-M-1540</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<b>OFFICIAL USE</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
<p>Sent To <i>Navigators Insurance</i></p> <p>Street, Apt. No., or PO Box No. <i>ONE Penn Plaza</i></p> <p>City, State, ZIP+4 <i>New York NY 10119</i></p>	
<p>PS Form 3800, January 2001 See Reverse for Instructions</p>	



ONE CORPORATE DRIVE, SUITE 600  
SHELTON, CT 06484-6211

TEL: (203) 925-7200  
FAX: (203) 929-9501

March 17, 2003

Via Certified Mail

XL Specialty Insurance Co.  
1540 E. American Lane, 20<sup>th</sup> Floor  
Schaumburg, IL 60173

**RE: Excess Liabilities  
Policy Number ARS-3215**

Your Insured: Horizon Offshore Contractors Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,

Michelle L. Wieler  
Risk Management

cc: Jeffrey Bruner - Iroquois Legal



IRO/AE 00602

SENDER: COMPLETE THIS SECTION		RECEIVED BY: COMPLETE THIS SECTION	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><b>XL Specialty Insurance Co.</b>  <b>1540 E. American Lane</b>  <b>20th Floor</b>  <b>Shawmberg, IL</b>  <b>60173</b></p>		<p>B. Received by (Printed Name) <b>David Kents</b></p> <p>C. Date of Delivery <b>MAR 21 2003</b></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <b>7002 0460 0000 9136 0989</b></p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>			
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>			

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<b>OFFICIAL USE</b>	
<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage &amp; Fees \$</p>	<p>Postmark Here</p>
<p>Sent To <b>XL Specialty Ins. Co.</b></p> <p>Street, Apt. No., or PO Box No. <b>1540 E. American Lane</b></p> <p>City, State, ZIP+4 <b>Shawmberg IL 60173</b></p>	
<p>PS Form 3800, January 2001 See Reverse for Instructions</p>	